



STATE OF MAINE
Bureau of Insurance
Financial Analysis Division

34 State House Station
Augusta, ME
04333-0034

Reorganization/Demutualization Requirements for Insurance Companies

(Please note: this form is not for Insurance Agencies)

Regarding the company's Reorganization/Demutualization, please submit the following documentation along with the Bureau checklist to the attention of Andrew Perry in the Financial Analysis Division:

- Effective date of transaction.
- Form B -- Insurance Holding Company System registration statement, which is the amendment disclosing the transaction.
- Certified copy of Decision and Order or approval from the domiciliary regulator.
- Certificate of Compliance.
- Policyholder information (the material that will be sent to all policyholders notifying them of the reorganization/demutualization and name change).
- Request for a name reservation, which reserves the name for one year. (\$25.00 fee)
- Certified copy of the amended by-laws reflecting the name change. (\$25.00 fee)
- Certified copy of the Amended Articles of Incorporation reflecting the name change. (\$25.00 fee)
- *Financial statements reflecting capital common stock requirements.
- Current Maine Certificate of Authority reflecting prior name in order for us to re-issue a new Certificate of Authority reflecting new name.

If you need further assistance please contact me by phone at (207) 624-8489, by Email at andrew.r.perry@maine.gov or by mail at the address in our letterhead.

Please make check payable to: Treasurer, State of Maine.

This form and other forms along with more information about the Bureau, including our Maine Laws and Regulations can be found on our web site at www.maine.gov/insurance.

****The "new stock company" must maintain \$2.5 million in capital common stock to retain its Authority to write business in Maine in accordance with Title 24-A, M.R.S.A., § 410.***

For your convenience, we have prepared a checklist coversheet (next page) to include with your filing.



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Attention: Andrew Perry
(207) 624-8489
andrew.r.perry@Maine.Gov

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REORGANIZATION/DEMUTUALIZATION CHECKLIST

**PLEASE CHECK OFF, NUMBER AND ATTACH THIS CHECKLIST WITH YOUR
REORGANIZATION/DEMUTUALIZATION**

Company Name: _____

<input checked="" type="checkbox"/>	Reorganization/Demutualization Requirements
<input type="checkbox"/>	1. Effective date of transaction.
<input type="checkbox"/>	2. Form B -- Insurance Holding Company System registration statement, which is the amendment disclosing the transaction.
<input type="checkbox"/>	3. Certified copy of Decision and Order or approval from the domiciliary regulator.
<input type="checkbox"/>	4. Certificate of Compliance.
<input type="checkbox"/>	5. Policyholder information (the material that will be sent to all policyholders notifying them of the reorganization/demutualization).
<input type="checkbox"/>	6. Amended by-laws reflecting the name change. (\$25.00 fee).
<input type="checkbox"/>	7. Amended Articles of Incorporation to reflect the name change. (\$25.00 fee).
<input type="checkbox"/>	8. Financial statements reflecting capital common stock requirements. (refer to Title 24-A MRSA §410)
<input type="checkbox"/>	9. Current Maine Certificate of Authority reflecting prior name.

Please explain any open items

Make check payable to: Treasurer, State of Maine

Return to Andrew Perry at the address above for regular mail or for courier delivery send to:
76 Northern Avenue, Gardiner, ME 04345

If you have any questions with this filing please contact Andrew Perry at the telephone number or email address above.